

EXHIBIT A



COMMERCIAL INSURANCE APPLICATION

OP ID: C1

APPLICANT INFORMATION SECTION		DATE (MM/DD/YYYY)	
AGENCY Clark Associates Inc. 2229 Rocky Ridge Rd. Birmingham, AL 35218 R. R. "Dink" Glasscock		2/24/2010	
CARRIER EMC Insurance Co.		UNDERWRITER UNDERWRITER OFF.	
POLICIES OR PROGRAM REQUESTED		POLICY NUMBER 2X7437000	
INDICATE SECTIONS ATTACHED		EQUIPMENT FLOATER	
<input checked="" type="checkbox"/> PROPERTY		<input checked="" type="checkbox"/> INSTALLATION/BUILDERS RISK	
<input checked="" type="checkbox"/> GLASS AND SIGN		<input checked="" type="checkbox"/> ELECTRONIC DATA PROG	
<input checked="" type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	
<input checked="" type="checkbox"/> CRIME/MISCELLANEOUS CRIME		<input checked="" type="checkbox"/> BUSINESS AUTO	
<input checked="" type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO		<input checked="" type="checkbox"/> TRUCKERS/MOTOR CARRIER	
CODE: SUB CODE:		GARAGE AND DEALERS VEHICLE SCHEDULE BOILER & MACHINERY WORKERS COMPENSATION UMBRELLA	
AGENCY CUSTOMER ID: PWALD-1			

STATUS OF TRANSACTION		PACKAGE POLICY INFORMATION				
<input checked="" type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> RENEW	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.			
BOUND (Give Date and/or Attach Copy)			PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN
CHANGE	DATE	TIME	AM	PM	DIRECT BILL	IN FULL
CANCEL	:				AGENCY BILL	

APPLICANT INFORMATION	
NAME (First Named Insured & Other Named Insureds) Piggly Wiggly Alabama Distributing Company Inc.	
MAILING ADDRESS INCL ZIP+4 (of First Named Insured) P O Box 2400 Bessemer, AL 35021	
FEIN OR SOC SEC # for First Named Insured: PHONE (A/C, No, Ext):	
E-MAIL ADDRESS(ES): WEBSITE ADDRESS(ES):	
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP	<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE
<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> LLC <input type="checkbox"/> NO OF MEMBERS AND MANAGERS
OR BUREAU NAME ID NUMBER DATE BUS STARTED	
INSPECTION CONTACT: Bobby Martin ACCOUNTING RECORDS CONTACT: Bobby Martin	
PHONE (A/C, No, Ext): 205-481-2300 E-MAIL ADDRESS: PHONE (A/C, No, Ext): 205-481-2300 E-MAIL ADDRESS:	

PREMISES INFORMATION									
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED	
1	1	2400 J Terrell Wooten Drive Bessemer AL 35020 Jefferson	<input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	1988				
2	1	3416 Ambrose Avenue Nashville TN Madison	<input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT					

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)		
1	1	Large Grocery Warehouse - State of the art new modern warehouse designed by insurance company specifications when built in 1988 - sprinklered bldg
2	1	Large Grocery Warehouse

GENERAL INFORMATION		YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1a	IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?		<input checked="" type="checkbox"/>			
1b	DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
2	IS A FORMAL SAFETY PROGRAM IN OPERATION?		<input checked="" type="checkbox"/>			
3	ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?		<input checked="" type="checkbox"/>			
4	ANY CATASTROPHE EXPOSURE?		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
5	ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
6	ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 5 YEARS? (Not applicable in MO)		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
7	ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
8	DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment)					
9	ANY UNCORRECTED FIRE CODE VIOLATIONS?					<input checked="" type="checkbox"/>
10	ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?					<input checked="" type="checkbox"/>
11	HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:					<input checked="" type="checkbox"/>
12	ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 818 for Property Exposure)					<input checked="" type="checkbox"/>

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)
 Large Addition to Building building completed 2001

BUSINESS TYPE OTHER DESCRIPTION

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, IL, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE R. R. "Dink" Glasscock	DATE 12-14-10	PRODUCER'S SIGNATURE R. R. "Dink" Glasscock	NATIONAL PRODUCER NUMBER
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ACORD 126 (2009/05)

PLEASE COMPLETE REVERSE SIDE

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PRIOR CARRIER INFORMATION

PWALD-1

OP ID: C1

LINE	CATEGORY	2008/2009				2007/2008				2006/2006				2006/2007				2009/2010			
GENERAL LIABILITY	CARRIER	EMC				EMC Insurance				EMC Insurance				EMC Insurance				EMC			
	POLICY NUMBER	2X7437004				2X7437003				2X7437006				2X7437007							
	POLICY TYPE		CLAIMS MADE	X	OCCURRENCE		CLAIMS MADE	X	OCCURRENCE		CLAIMS MADE	X	OCCURRENCE		CLAIMS MADE	X	OCCURRENCE		CLAIMS MADE		OCCURRENCE
	RETRO DATE																				
	EFF-EXP DATE	08/01/08		06/01/09		08/01/07		08/01/08		08/01/05		08/01/06		08/01/06		08/01/07		08/01/09		08/01/10	
	GENERAL AGGREGATE	2,000,000				2,000,000				2,000,000				2,000,000				2,000,000			
	PRODUCTS COMP OP AGGREGATE	2,000,000				2,000,000				2,000,000				2,000,000				2,000,000			
	PERSONAL & ADV INJ	1,000,000				1,000,000				1,000,000				1,000,000				1,000,000			
	EACH OCCURRENCE	1,000,000				1,000,000				1,000,000				1,000,000				1,000,000			
	FIRE DAMAGE	100,000				100,000				1,000,000				100,000				1,000,000			
	MEDICAL EXPENSE	15,000				15,000				15,000				15,000				5,000			
	BODILY INJURY	OCCURRENCE																			
		AGGREGATE																			
	PROPERTY DAMAGE	OCCURRENCE																			
		AGGREGATE																			
	COMBINED SINGLE LIMIT	1,000,000				1,000,000												1,000,000			
MODIFICATION FACTOR																					
TOTAL PREMIUM	65,643.00				57,716.00				59,900.00				57,066.00								
AUTOMOBILE LIABILITY	CARRIER	EMC				EMC Insurance				CNA Insurance				EMC Insurance				EMC			
	POLICY NUMBER	2X7437004				207437003				2X7437006				2X7437007							
	POLICY TYPE	AUTOMOBILE				COMM AUTO												AUTO			
	EFF-EXP DATE	08/01/08		08/01/09		08/01/02		08/01/03		08/01/05		08/01/06		08/01/08		08/01/07		08/01/09		08/01/10	
	COMBINED SINGLE LIMIT	1,000,000				1,000,000				1,000,000				1,000,000				1,000,000			
	BODILY INJURY	EA PERSON																			
		EA ACCIDENT																			
	PROPERTY DAMAGE																				
	MODIFICATION FACTOR																				
	TOTAL PREMIUM	391,534.00				428,566.00				423,660.00				262,000.00							
PROPERTY DAMAGE	CARRIER	EMC				EMC Insurance				EMC Insurance				EMC Insurance				EMC			
	POLICY NUMBER	2X7437004				2X7437008				2X7437006				2X7437007							
	POLICY TYPE	PROP/IM				PROP/IM				PROP/IM				PROP/INL M							
	EFF-EXP DATE	08/01/08		08/01/09		08/01/07		08/01/08		08/01/05		08/01/06		08/01/08		08/01/07		08/01/09		08/01/10	
	X BUILDING AMT							X				X				X				X	
	X PERS PROP AMT							X				X				X				X	
	MODIFICATION FACTOR																				
	TOTAL PREMIUM	122,081.00				112,572.00				118,943.00				119,631.00							
	CARRIER	Zurich				Zurich				Zurich				Zurich				Zurich Insurance			
	POLICY NUMBER	930554600				AUC9305546 05				AUC930554603				AUC930554604							
	POLICY TYPE	UMBRELLA				UMBRELLA				UMBRELLA				UMBRELLA				UMBRELLA			
	EFF-EXP DATE	08/01/08		08/01/09		08/01/07		08/01/08		08/01/05		08/01/06		08/01/06		08/01/07		08/01/09		08/01/10	
	LIMIT	30,000,000				20,000,000				30,000,000				30,000,000				25,000,000			
	MODIFICATION FACTOR																				
	TOTAL PREMIUM	165,000.00				163,923.00				163,822.00				164,529.00							

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 3 YEARS (2 YEARS IN KS & NY)						<input type="checkbox"/> ONE HERE IF NONE	<input checked="" type="checkbox"/> SEE ATTACHED LOSS SUMMARY
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS	
						OPEN/CLOSED	
REMARKS: NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY						ATTACHMENTS	
						STATE SUPPLEMENT(S) (If applicable)	
COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)							
NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.							

ACORD 126 (2006/06)

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ADDITIONAL PREMISES INFORMATION

LOC # 3 BUILDING # 1

STREET, CITY, COUNTY, STATE, ZIP CODE	CITY LIMITS		INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
233 Highway 49 South Byron GA 31008 Peach	<input checked="" type="checkbox"/>	INSIDE	<input checked="" type="checkbox"/> OWNER	2008			100
		<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT				
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS Large Grocery Store - Lessors Risk Only							

LOC # BUILDING #

STREET, CITY, COUNTY, STATE, ZIP CODE	CITY LIMITS		INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
	<input type="checkbox"/>	INSIDE	<input type="checkbox"/> OWNER				
	<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/> TENANT				
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS							

LOC # BUILDING #

STREET, CITY, COUNTY, STATE, ZIP CODE	CITY LIMITS		INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
	<input type="checkbox"/>	INSIDE	<input type="checkbox"/> OWNER				
	<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/> TENANT				
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS							

LOC # BUILDING #

STREET, CITY, COUNTY, STATE, ZIP CODE	CITY LIMITS		INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
	<input type="checkbox"/>	INSIDE	<input type="checkbox"/> OWNER				
	<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/> TENANT				
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS							

LOC # BUILDING #

STREET, CITY, COUNTY, STATE, ZIP CODE	CITY LIMITS		INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
	<input type="checkbox"/>	INSIDE	<input type="checkbox"/> OWNER				
	<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/> TENANT				
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS							

LOC # BUILDING #

STREET, CITY, COUNTY, STATE, ZIP CODE	CITY LIMITS		INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
	<input type="checkbox"/>	INSIDE	<input type="checkbox"/> OWNER				
	<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/> TENANT				
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS							

LOC # BUILDING #

STREET, CITY, COUNTY, STATE, ZIP CODE	CITY LIMITS		INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
	<input type="checkbox"/>	INSIDE	<input type="checkbox"/> OWNER				
	<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/> TENANT				
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS							

LOC # BUILDING #

STREET, CITY, COUNTY, STATE, ZIP CODE	CITY LIMITS		INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
	<input type="checkbox"/>	INSIDE	<input type="checkbox"/> OWNER				
	<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/> TENANT				
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS							

APPLIED 126API (2005/06)